

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 3023

FILED MAR 27 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chaffee		c. CITY OR TOWN Chaffee	
Length of stay in lb 4 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 W. Parker St.		d. STREET ADDRESS (If outside, give location) 428 W. Parker St.	
3. NAME OF DECEASED (Type or print) First David Middle Asher Last Jones		4. DATE OF DEATH Month March Day 16 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/26/94
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Fayette County, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lucian Albert Jones		13b. MOTHER'S MAIDEN NAME Frankie Lawrence	
14. NAME OF HUSBAND OR WIFE Allie Pluma Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 21 ART SCLER. HEART DIS.		17. INFORMANT Address Mrs. Allie Pluma Jones	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. AC. COR. ART OCCLUSION with 2. MOS. MYOCARDIAL INFARCT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 21 ART SCLER. HEART DIS. DUE TO (c) 21 ART SCLER. HEART DIS.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:00 P. Month, Day, Year Dec. 1961	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) March 1962	20f. CITY, TOWN, OR LOCATION Charleston, Missouri		
21. I attended the deceased from March 1962 to March 1962 and last saw him alive on 3-9-62 Death occurred at 11:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Carl G. Papp M.D.	
22b. ADDRESS Six ESTON, Mo.		22c. DATE SIGNED 3-21-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/19/62	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
23d. LOCATION (City, town, or county) Charleston, Missouri		24. FUNERAL DIRECTOR McMikle, East Prairie, Mo.	
25. DATE RECD. BY LOCAL REG. March 23-1962		26. REGISTRAR'S SIGNATURE Mrs. Pauline Papp	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Austin

Licensed Embalmer No. 5149

P. O. Address East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.